LAST NAME:

FIRST NAME:

Fort Lauderdale Police Department 1300 West Broward Boulevard Fort Lauderdale, FL 33312 Phone (954) 828-6432 Fax (954) 828-6427



VOLUNTEER PROGRAM APPLICATION

As a candidate for a volunteer position with the Fort Lauderdale Police Department, I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I understand that for security purposes a basic background check will be conducted to determine my eligibility. I will be required to take a polygraph examination and be fingerprinted. Further background information may be required.

PLEASE PRINT CLEARLY IN BLACK INK OR USE A TYPEWRITER. IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY.

Name:						
	Last		First			Middle
Address	:					
	Number	,	Street			Apt.
	City	S	State	Zip		How Long?
Home Phone:		Work Phor	Work Phone:		EXT: _	
FAX Number:		Social Sec	Social Security #:			
		Date of Birth:				

(Previous address for past five years) **EMPLOYMENT HISTORY** Street Street Street Place of Birth:_____ Marital Status:_____ Driver License Number:_____ Expiration Date:_____ List and Explain any other name you may have used: List any languages which you speak or write fluently: High School City, State Grade Completed Year **EDUCATION & ERVI** College Name City, State Years Completed Year S Degree(s) Earned Minor(s) Major(s) MILITARY SERVICE: Type of Discharge Branch Dates of Service PERSONAL INFORMATION Present Employer Name Address Job Duties **Employment Dates** PREVIOUS EMPLOYERS Company Name (1) Address Job Duties **Employment Dates** Company Name (2) Address

Employment Dates

Job Duties

SKILLS	Please list any special skills, training, interests or hobbies that you have that may be useful to the Police Department:
VOLUNTEER EXPERIENCE	Please list any current or previous volunteer activities: Where did you learn of the Fort Lauderdale Police Department Volunteer Program: What type of work do you wish to do? What days and hours would you be available? Please give the names and phone numbers for two local references: Why do you wish to be a volunteer of the Fort Lauderdale Police Department?
ARRESTS	List any misdemeanor arrests or convictions: List any felony arrests or convictions:

I hereby authorize the Fort Lauderdale Police Department, its designee, or agent, to investigate my past or current activities and to receive full and complete disclosure of all records relating to me and my past employment, criminal or traffic reports or arrests reports or investigations.

I understand that police agencies often handle sensitive or confidential information, the disclosure of which could adversely affect a criminal investigation and in some instances may be a violation of law. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by an FLPD supervisor. I understand that my failure to comply with this paragraph WILL result in my removal from the volunteer program.



I hereby indemnify and hold the City of Fort Lauderdale and the Fort Lauderdale Police Department harmless for any injury to myself or my property while engaged in volunteer activities with the FLPD. I agree that the City and the FLPD will not be responsible for any activities, liability, suits or damages which may occur during or as a result of my volunteer status with the FLPD, which occur outside the scope of the responsibilities and duties assigned to me.

SIGNATURE:	DAIE:		
	For Official Use O	nly	
Date Received:	Date Called:	Interviewed:	
Division:	Department:	Review Date:	
Duties:			